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DATE: SEPTEMBER 15, 2003

NUMBER OF PAGES (INCLUDING
THIS TRANSMITTAL COVER SHEET): 8

TIME:

OUR REFERENCE: 214907

FROM: GREGORY C. BAYS
REGISTRATION NO. 40,505TO: EXAMINER MICHAEL R. MANSSEN
GROUP 3654
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C.**OFFICIAL**TELEPHONE NUMBER:
FACSIMILE NUMBER: 703-872-9306

IN RE APPLN. OF: SCHMODDE ET AL.
APPLICATION NO. 10/030,790
FILED: MARCH 29, 2002
FOR: THREAD-SUPPLY DEVICE FOR TEXTILE MACHINES
GROUP ART UNIT: 3654
EXAMINER: MICHAEL R. MANSSEN

RESPONSE TO OFFICE COMMUNICATION DATED AUGUST 15, 2003 IS ATTACHED.

A confirmation copy of the transmitted document will:

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NO. 3141 P. 2 PATENT
Attorney Docket No. 214907
Date: September 15, 2003

In re Application of: SCHMODDE et al.
Application No. 10/030,790
Filed: March 29, 2002
For: THREAD-SUPPLY DEVICE FOR TEXTILE MACHINES

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is a response to an office communication in the subject application.

- ☐ Applicants claim small entity status of this application under 37 CFR 1.27.
- ☒ Petition for Extension of Time
- ☐ Applicants petition for a one-month extension of time under 37 CFR 1.136, the fee for which is \$110.00 (enclosed).
- ☒ Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
- ☒ No additional claim fee is required.
- ☐ Other:

The claim fee has been calculated as shown below:

| | | | | | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|--------------------------|--------------------------------------|-------|------------------------------------|----------------------|--------------|------------------|---------------------------|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | EXTRA CLAIMS PRESENT | RATE | ADDIT. CLAIM FEE | RATE | ADDIT. CLAIM FEE |
| TOTAL | 23 | MINUS | | = | x 9= | \$ | x 18= | \$ |
| INDEPENDENT | 3 | MINUS | | = | x 42= | \$ | x 84= | \$ |
| <input type="checkbox"/> | FIRST PRESENTATION OF MULTIPLE CLAIM | | | | + 140= | \$ | + 280= | \$ |
| | | | | | TOTAL | \$ | TOTAL | \$ |

- ☐ Please charge my Deposit Account No. 12-1216 in the amount of \$0.00. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$ is attached.
- ☒ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
LEYDIG, VOIT & MAYER, LTD.

By 
Gregory C. Bays, Reg. No. 40,505

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Amendment or ROA Transmittal (Revised 5/1/03)

OFFICIAL

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